



State of Washington Application for a Drought Permit

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid \$10.00
Date 6/23/05
check # 14245 ch

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Henry Oord Home Tel: () -
Mailing Address 4581 Maple Grove Rd Work Tel: (509) 837 - 4966
City Sunnyside State WA Zip+4 98944 + 9793 FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Tim Reiersen Home Tel: () -
Mailing Address (send mail to applicant at above address) Work Tel: (509) 965 - 7175
City _____ State _____ Zip+4 _____ + _____ FAX: () -
Relationship to applicant consultant

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 600 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of continuous dairy operation. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A OK to process per is not sufficient.
Estimate a maximum annual quantity to be used in acre-feet _____
☐ Check if the water use is proposed for a short-term project that the water will be needed:
From ____/____/____ to ____/____/____ year

Section 4. WATER SOURCE

If SURFACE WATER				If GROUNDWATER				
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:				A permit is desired for <u>two</u> well(s).				
Number of diversions: _____								
Source flows into (name of body of water):				Size & depth of well(s): <u>8 in, 230 ft and 8 in, 300 ft</u>				
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: approx: SW1/4SW1/4: 1180 ft N and 120 ft E of SW corner Sec. 35 (230 feet deep) NW1/4SW1/4: 1850 ft N and 250 ft E of SW corner Sec. 35 (300 feet deep)								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	SW	35	11N	22E	Yakima			
NW	SW	35	11N	22E	Yakima			
For Ecology Use Date Received: <u>JUNE 23, 2005</u> Priority Date: <u>JUNE 23, 2005</u> <u>YAKIMA</u>								
SEPA: (Exempt/Not Exempt) _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>06-23-2005</u> By <u>CS</u> Date Returned _____ By _____ WRIA: <u>37</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____ n/a _____

B. Briefly describe your proposed water system. (**See instructions.**)

Pump from wells for supplemental supply to dairy and supplement irrigation of Roza assessed acres. Dairy supply is for supplemental water to CS4-00135CTCL if deemed necessary by Ecology.

C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. G4-30371P, G4-30398P, CS4-00135CTL, CG4-CCV1-4P278, documents in Ecology files.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 244.9

B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use _____	Acres _____
Use _____	Acres _____

C. Total number of acres to be covered by this application: 244.9

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:

- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
- ‡ Acreage proposed to be irrigated under this application;
- ‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____

E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ varies _____ # Non-milking _____ varies _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

Lagoons and/or ponds associated with dairy facilities.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

I-82 to Outlook Exit, travel north off exit and turn right onto Yakima Valley Hwy. Left on Maple Grove and continue to site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Attached

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Access is granted to extent otherwise allowed by law. An appointment is needed for onsite access.

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Date

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 3. (cont'd)

LEGAL DESCRIPTION OF THE PLACE OF USE

DAIRY SUPPLEMENTAL USE

Within S½ Sec. 35, T. 11 N., R. 22 E.W.M.: All that part of the SW¼ Sec. 35, lying southerly of the Roza Canal, EXCEPT county road right-of-ways. AND all that part of the S½SE¼ of Sec. 35 lying S of Roza Canal and W of a line described as: Beginning at the SW corner of the SW¼SE¼ of said Sec. 35; thence N01°30'W along the W line of said SW¼SE¼ a distance of 21.32 feet; thence N22°41'E to the southerly right of way line of the Roza Canal.

AND the NW¼ of Section 2, T. 10 N. R. 22 E.W.M.

SUPPLEMENTAL IRRIGATION OF ROZA 244.9 ASSESSED ACRES

NE1/4 Sec. 3, T. 10 N., R. 22 E.W.M. EXCEPT the N1/2NW1/4NE1/4 thereof and EXCEPT a parcel described as follows: Beginning at the E1/4 corner of said Sec. 3, thence W 650 feet to the Point of Beginning; thence continuing W 507.4 feet, thence N 32deg E 206.1 feet; thence E 487.6 feet; thence S 27deg W 206.1 feet to the Point of Beginning.

SE1/4 Sec. 3, T. 10 N., R. 22 E.W.M. lying N of Outlook Canal. AND that portion of the NE1/4SW1/4 of said Section 3 lying N of Outlook Canal and E of the following described line: Beginning at the center of said Sec. 3, thence W 190.9 feet to the Point of Beginning; thence S 16deg 56min W 605 feet to the right of way of the Outlook Canal and terminus of said line.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____
Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).